

1.) CORPORATION NAME:

TWCC Holding Corp.

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **00390278**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 INTERSTATE NORTH PKWY SE

CITY/ST/ZIP: ATLANTA, GA 30339-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	EDWARD HAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S/T		
ADDRESS:	C/O BAIN CAPITAL PARTNERS LLC		
	111 HUNTINGTON AVENUE		
CITY/ST/ZIP/CO:	BOSTON, MA 02110-		
NAME:	W SCOTT SEELEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S/T		
ADDRESS:	C/O NBC UNIVERSAL		
	30 ROCKEFELLER PLAZA		
CITY/ST/ZIP/CO:	NEW YORK, NY 10112-		
NAME:	GABRIELA KORNZWEIG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O NBC UNIVERSAL		
	100 UNIVERSAL CITY PLAZA		
CITY/ST/ZIP/CO:	UNIVERSAL CITY, CA 91608-		
NAME:	STEVE CAPUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	30 ROCKEFELLER PLAZA		
CITY/ST/ZIP/CO:	NEW YORK, NY 10112-		
NAME:	MICHAEL E CHEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S/T		
ADDRESS:	30 ROCKEFELLER PLAZA		
CITY/ST/ZIP/CO:	NEW YORK, NY 10112-		

NAME:	PETER WALLACE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/S/T		
ADDRESS:	345 PARK AVENUE 31ST FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10154-		
NAME:	EDWARD C SWINDLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	75 ROCKEFELLER PLAZA		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	GARY SAIDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/AS		
ADDRESS:	300 INTERSTATE NORTH PARKWAY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339-		
NAME:	R PERLEY MCBRIDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/AS		
ADDRESS:	300 INTERSTATE NORTH PARKWAY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339-		
NAME:	WILLIAM HIGGS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/AS		
ADDRESS:	300 INTERSTATE NORTH PARKWAY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339-		
NAME:	KATHERINE ANGELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 INTERSTATE NORTH PARKWAY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339-		
NAME:	MICHAEL KELLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO/P		
ADDRESS:	300 INTERSTATE NORTH PARKWAY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339-		
NAME:	IAN LORING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	111 HUNTINGTON AVE		
CITY/ST/ZIP/CO:	BOSTON, MA 02110-		
NAME:	JAMIE KIGGEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	345 PARK AVE		
CITY/ST/ZIP/CO:	31ST FLOOR NEW YORK, NY 10154-		
NAME:	SEAN KLIMCZAK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	HR Steering Com		
ADDRESS:	345 PARK AVE		
CITY/ST/ZIP/CO:	31ST FLOOR NEW YORK, NY 10154-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN PAGLIUCA DIRECTOR 111 HUNTINGTON AVE BOSTON, MA 02110-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL WARD DIRECTOR 111 HUNTINGTON AVE BOSTON, MA 02110-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN ZIDE DIRECTOR 111 HUNTINGTON AVE BOSTON, MA 02110-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEVIN O'REILLEY HR Steering Com 111 HUNTINGTON AVE BOSTON, MA 02110-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN LORD HR Steering Com 30 ROCKEFELLER PLAZA NEW YORK, NY 10112-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN TREMBLAY DIRECTOR 30 ROCKEFELLER PLAZA NEW YORK, NY 10112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GABRIELA KORNZWEIG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GABRIELA KORNZWEIG, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/3/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			